

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 06-JUN-2016		2 TIME 23:20:00		3 ADDRESS OF OCCURRENCE 1800 W 83RD ST CHICAGO, IL 60636		4 LOCATION CODE 092		5 DISTRICT 0714		
MEMBER INVOLVED	6 MEMBER ID 9181	7 LAST NAME COLEMAN	8 FIRST NAME SHANE M	9 STAR NO 15359	10 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	11 RACE CODE WHI	12 AGE [REDACTED]	13 HT 603	14 WT 200	
	15 DATE OF APPL 01-MAY-2013	16 EMPLOYER NO [REDACTED]	17 UNIT & BEAT OF ASSIGNMENT 007 0741R	18 DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off	19 MEMBER INJURY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 MEMBER IN WHO OHM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
	21 LAST NAME SHIELDS	22 FIRST NAME ALAN	23 M.I. L	24 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	25 RACE BLK	26 DOB 21-JUN-1984	27 HT 507	28 WT 160		
SUBJECT INFORMATION	29 ADDRESS 1812 S 60TH CT CICERO, IL		30 TELEPHONE NO	31 WAS SUBJECT ARMED/HANDGUN/FIRE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT INJURY <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33 SUBJECT ALLIED INJURY <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	34 WHERE WAS MEDICAL TREATMENT OBTAINED? HOLY CROSS HOSPITAL			35 BY WHOM?	36 CONDITION <input checked="" type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Apparently Normal <input type="checkbox"/> 03 Not Hospitalized		37 DID INJURY INFLUENCE <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	38 CHARGES PLACED			39 DNA			40 CR NO			
PLEASE SEE NEXT PAGE										
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ABRILANT: ASSAULT		ABRILANT: BATTERY		ABRILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER		USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER	
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> RESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input checked="" type="checkbox"/> PRESSURE SENSITIVE ARFAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON WAIVER/ORIZATION <input type="checkbox"/> OTHER		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		KICK <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER		FIREARM <input type="checkbox"/> OTHER	
39 OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)										
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION									
	POSITION		STAR NO	UNIT						
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS CLEAR	
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE			
	49 TASER DART ID NO		50 WEAPON SERIAL NO. (Include Letters)		51 CHICAGO GUN REG. NO.		52 R. FIREARM OWNER ID NO.		53 HANDGUN CERTIFICATE NO	
	54 SPECIAL WEAPON CERTIFICATE NO.		55 PROPERTY INVENTORY NO.		56 TYPE OF AMMUNITION USED		57 NO. OF WEAPONS DISCHARGED BY THIS MEMBER 0		58 TOTAL NO OF SHOTS MEMBER FIRED	
	59 WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CARTRIDGES/SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)			
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD							
	65 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				66 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-4 FT. <input type="checkbox"/> 02 5-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT					
	67 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				68 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)					
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									73 REPORTING MEMBER (Print Name) COLEMAN, SHANE M 07-JUN-2016 04:51:28
	74 REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D STAR NO 814 SIGNATURE DATE REVIEWED TIME 07-JUN-2016 04:57:20									
SIGNATURES	75 REPORTING MEMBER (Print Name) COLEMAN, SHANE M STAR/EMPLOYEE NO. 15359 SIGNATURE PCDAN08									76 REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D STAR NO 814 SIGNATURE DATE REVIEWED TIME 07-JUN-2016 04:57:20
	77 REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D STAR NO 814 SIGNATURE DATE REVIEWED TIME 07-JUN-2016 04:57:20									

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H2296634

LIEUTENANT OR ABOVE/OCIC REVIEW

THE INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, ALL INCIDENTS INVOLVING THE DISCHARGE OR IMPACT OF A FIREARM BY A DEPARTMENT MEMBER, OR ANY OTHER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE IS BELIEVED TO BE A VIOLATION OF DEPARTMENT POLICY OR PROCEDURE.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE:

☐ DNA

☒ RETURNED

☐ INTERVIEW NOT COMPLETED (Specify Reason)

76 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/Lt believes that the officer followed all department policies, procedures, and the use of force according to the law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO. JC-RND-_____OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

TIME

08-JUN-2016 01:58:20

79 TOTAL TRKs THIS EVENT No.

3